

CENTER FOR U.S. WAR VETERANS' ORAL HISTORIES

NATIONAL GUARD MILITIA MUSEUM OF NJ
P.O. BOX 277
SEA GIRT, NJ 08750
TEL (732) 974-5966 FAX (732) 974-5984

Dear Veteran,

Thank you for your interest in the US War Veterans' Oral History Project. Please complete and return our Biographical Questionnaire so that we can learn about your specific history in order to conduct the best possible interview.

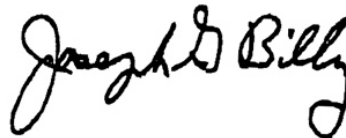
This initiative hopes to collect the memoirs of living veterans, as well as artifacts, letters, photographs, and mementos from their war experiences. These memories will be recorded and housed in the Militia Museum in Sea Girt, NJ. Future visitors, from school groups to retired veterans, will have the opportunity to access this Oral History collection. In addition, each veteran will be given a copy of their interview (specify if you want DVD or video) for personal use.

We look forward to working with you to preserve your wartime experiences. Your time and continued dedication are truly appreciated. We sincerely believe current and future generations will benefit by our joint endeavor. If you have any questions feel free to contact us at (732) 974-5966.

Sincerely,



Carol Fowler



Joe Bilby

Center for US War Veterans' Oral Histories Staff

NATIONAL GUARD MILITIA MUSEUM OF NEW JERSEY

NATIONAL GUARD MILITIA MUSEUM OF NJ
P.O. BOX 277
SEA GIRT, NJ 08750
TEL (732) 974-5966 FAX (732) 974-5984

Biographical Questionnaire

Name: _____

Address: _____

Phone: _____

Occupation Prior to Service: _____

Place & Date

Of Birth: _____

Dates of Military Service: _____

Age When Entered Service: _____

Branch of Service: _____

Military Units (Battalion, Regiment, Division, etc):

What job were you trained for: _____

Highest Rank attained in Service: _____

Serial Number (Optional): _____

What Military Campaigns were you in (locations of Military Service)?

Did you sustain any service-related injuries? _____

Please list any medals or service awards: _____

If Additional Space is needed please use the back of this form